The State of Homelessness in Michigan

2008 Annual Summary

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Sally Harrison,
Director, Rental Development
and Homeless Initiatives Division

The past year was an especially difficult time, not only for Michigan and the United States, but for the entire world. As we know, the housing market collapsed and banks faltered. People were shocked to find themselves in unemployment lines, food banks and soup kitchens. Home foreclosures and unemployment rates hit all time highs, leaving people without support systems homeless. As a result, the number of homeless people in Michigan has increased from 79,940 in 2007 to 86,189 in 2008.

These numbers serve as a signal that now, more than ever, we need to band together as a community focused on our goal, ending homelessness. The Campaign to End Homelessness in Michigan is well established, organized and comprised of motivated individuals and agencies that are dedicated to working through this difficult period in history.

As the Campaign enters its fourth year this October, we have the opportunity to reflect upon the past months of severe economic downturn and ask ourselves—what changes can we make to our Ten Year Plan to help people avoid or shorten the emotional trauma of homelessness?

With the spring of 2009 comes great opportunity for change. The Federal Government has granted the state an economic recovery package that will strategically be put in place across Michigan. With these funds come jobs—from those working to make homes more energy efficient to social workers helping homeless families find a home.

We are very fortunate that AmeriCorps Michigan has joined the Campaign to End Homelessness. By summer 2009, the Campaign will have approximately 40 members working at agencies across the state. These members know the true meaning of volunteerism and commitment; and we are grateful, proud and honored to work side-by-side with them.

In addition to AmeriCorps, Michigan's Ten Year Plan to End Homelessness has forged new partnerships and strengthened existing ones—partnerships with state agencies, local communities, faith-based organizations and businesses—to share best practice models and resources. Together with the strategic implementation of programs, MSHDA funding and now economic recovery funds, we are positioned to make even deeper inroads into our goal of ending homelessness in Michigan.

Sally Harrison

We know. We've counted.

Housing Assistance is a critical part of the Ten Year Plan to End Homelessness in Michigan. Over the past three years:

- MSHDA committed $50 million dollars for homeless initiatives and assisted 1,651 households for homeless families and individuals through Tenant Based Rental Assistance (TBRA).

- MSHDA implemented the Homeless Assistance Recovery Program (HARP) in all 83 counties in Michigan. Approximately 1,651 households have benefited from rental assistance from this program.

- MSHDA financed 976 new affordable apartments.

- MSHDA has developed five workgroups that meet monthly to further develop the initiatives on the state of Michigan's Ten Year Plan to End Homelessness.

- Housing Resource Centers, which represent a one-stop-shop for the homeless have been established in 13 Michigan communities.

- MSHDA developed and marketed the Michigan Housing Locator, a free online service where landlords list their available rental units so that renters can find a place to live.

- MSHDA has partnered with the Department of Human Services (DHS) Voices for Action to streamline entitlement benefits and services to the homeless and those living in poverty.

- The Corporation for Supportive Housing (CSH) has provided numerous training sessions to bring about systems transformation, from sheltering to housing first. Trainings in harm reduction, grant management, and other key concepts are provided annually.

- The Michigan Coalition Against Homelessness (MCAH) has sponsored over 40 Project Homeless Connect (PHC) events. Many communities PHC events coincide with Point in Time Counts.

- Through the Balance of State U.S. Department of Housing and Urban Development (HUD) grant, DHS provided leasing assistance to 182 households and is funding the cost of 10 Housing Resource Coordinators in rural communities.

- Through another Balance of State HUD grant, the Department of Community Health (DCH) contracted for 49 units of shelter plus care for the severely mentally ill and substance abusers—and 86 units of housing for the chronically homeless or homeless with special needs.

- The Michigan Coalition Against Homelessness (MCAH) and the Michigan State Housing Development Authority (MSHDA) partnered to bring 40 AmeriCorps members into the Campaign to End Homelessness. From Marquette to Detroit members are working to fill the gaps in services and improving systems of care. AmeriCorps members link consumers to available housing resources. They also venture into the field, reaching out to homeless persons who are unsure how to obtain assistance. Moreover, members network with other local agencies, coordinating resources for the homeless, generating volunteers for events such as Project Homeless Connect, and follow up with consumers who have been re-housed.

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The Data Project

Michigan State Homeless Management Information System (MSHMIS) is a single database platform that provides an unduplicated count of homeless persons living in Michigan; measures the patterns of service use and measures the effectiveness of the services delivered. MSHMIS was established in an effort to improve consistency of reporting among Michigan's Continuum of Care (CoC) network and create a collaborative system for improving the care for homeless persons.

Managing their local MSHMIS implementation, participating CoCs include information from all of the service organizations in their respective areas. These include shelters, outreach programs, supportive housing programs, community action agencies, churches, mental health and drug or alcohol treatment programs, and food pantries. In 2008, these reporting service organizations totaled 524 organizations statewide.

Now, with data from many organizations, we see overlap among the organizations reporting on MSHMIS. Clients are counted in multiple sites as they seek help. This overlap is a clear indicator that we have reached a saturation point in our data collection process. The 12 months of data collection, and increased number of data contributors improves the overall accuracy of the information. This accuracy makes it possible for CoCs and other advocates to realistically measure the effectiveness of their programs. In addition, a more accurate and inclusive data set provides the ability to assess areas of progress and potential growth across programs and regions.

Methodology

During calendar year 2008 (CY 2008), the counting methodology was changed to exclude formerly homeless clients who were participating in PSH and therefore not actively homeless during the year. To allow comparisons with CY 2007, the 2007 data was reanalyzed using the 2008 assumptions. Aggregated counts from the counties not participating with MSHMIS—Grand Rapids, Washtenaw and Saginaw—were provided by local officials and integrated into the MSHMIS overall and sub-population basic and projected counts. However, record level data was not available from these CoCs and therefore the more detailed sub-population information is solely based on MSHMIS participating CoCs and agencies.

Information on disabilities was based on 40,897 records in which disability had been assessed in the course of care. Income data was based on intake information and used to capture the status of the client pre-intervention.

Unduplication—HMIS systems rely on a combination of technology and processes to unduplicate records. An algorithm based on each clients name, gender and birth date is generated as identifiers are entered. To support consistency of the data, agency staff request documentation of identification or the 'name as it is spelled on legal papers.' During 2008, we further stabilized identifying information for those likely to lack documentation by offering picture identification cards through the System. These turned out to be very popular with clients and are used not only to 'scan' clients into services but to help them access other benefits.

Finally, when looking at the summary totals in this report, it is important to remember that the unduplicated total will usually be less than the sum of the regional totals or the sum of the sub-populations (singles, unaccompanied youth, adults in families, and children in families). Some clients were served in multiple regions during the year, some clients turned 18 during the year, and finally some presented as both a single and as part of a family during the year.

Please visit **mihomeless.org** for a complete description of the methodology.

Continuum of Care (CoC): The CoC is a community planning group charged with creating a community plan to organize and deliver housing services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The plan includes action steps to end homelessness. CoCs may organize around a city, a county or multiple counties. In Michigan there are 60 CoCs.

Person in Families: Includes the following constellation of persons living together: two-parent families, female single parent, male single parent, foster parents, couple (parent and friend) with children, grandparents and child, couple with no children and non-custodial care givers.

Individuals: Includes those clients who report that they are living alone as a single adult, as a couple without children or as an unaccompanied youth.

Chronically Homeless: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

At-risk: At-risk persons are those who do not meet the definition of homeless, but are experiencing a housing crisis. These include individuals who are temporarily living with family and friends due to a housing crisis and/or are spending 50 percent or more of their income on housing. The vast majority of these individuals are also poor.

Disabilities: Includes mental illness, drug abuse, alcohol abuse, dual diagnosis, physical/medical (chronic illness), physical/mobility, developmental, vision impaired, hearing impaired, HIV/AIDS, learning and other.
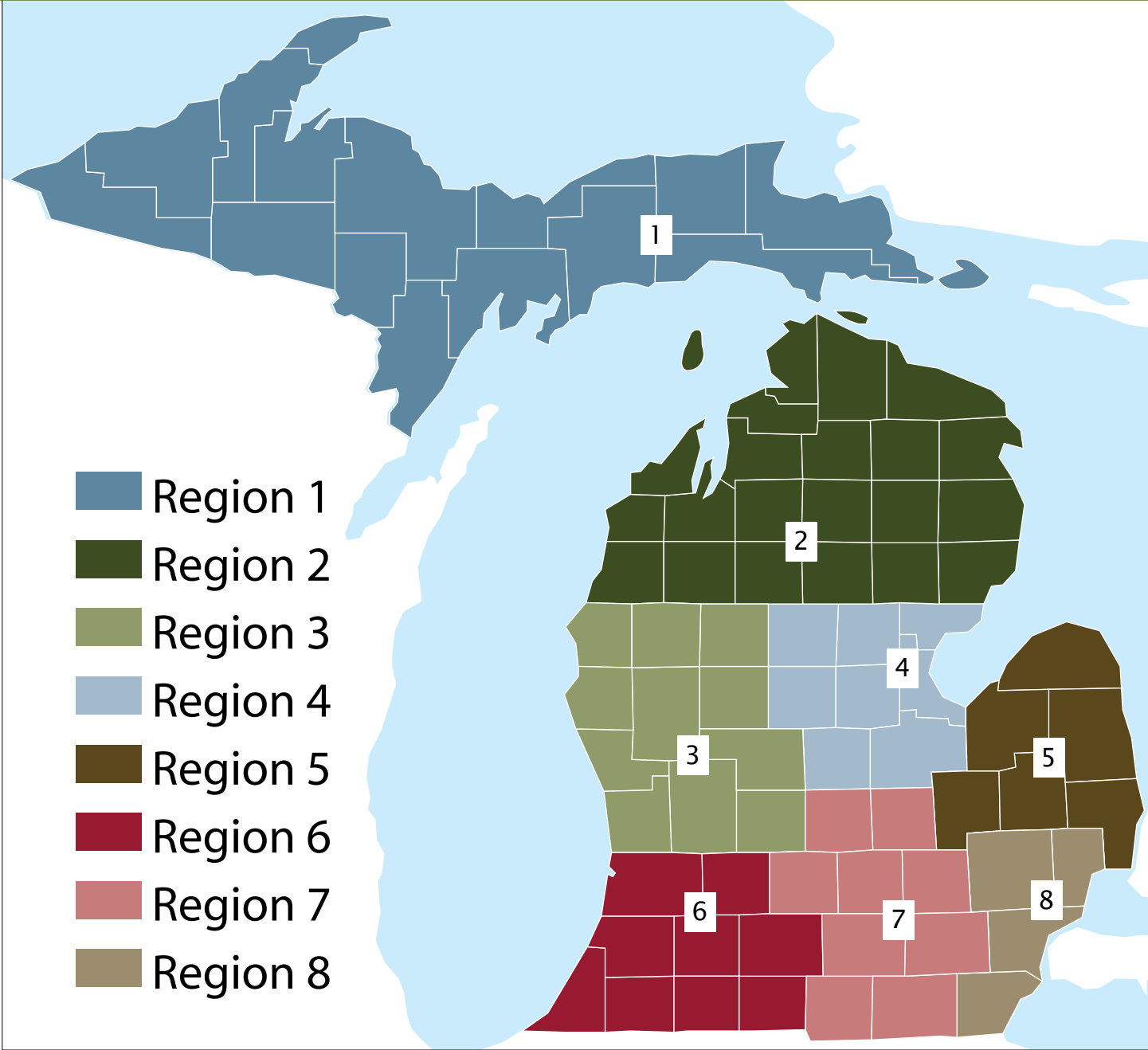
Annual Michigan State Homeless Management Information System Counts

Geographic Location	Total Homeless in HMIS (Statewide) *	Estimated covered **	Projected Homeless (Total/Coverage) **	Subpopulation in HMIS (Statewide) **	Adult Singles	Unaccompanied Youth (Youth who are not in families)	Adults in Families ***	Children in Families	Total Family Households	Chronically Homeless (Subpopulation of singles)
Region 1	2,061	62.2%	3,292		779	22	619	667	459	99
Region 2	3,215	61.6%	5,219		1,447	4	906	884	680	298
Region 3	9,568	83.0%	11,528		4,451	152	2,226	2,942	1,813	620
Region 4	3,645	85.9%	4,243		1,670	192	802	994	685	265
Region 5	3,433	82.1%	4,181		1,874	94	657	841	563	557
Region 6	7,724	78.3%	9,865		3,008	36	2,320	2,454	1,922	528
Region 7	11,471	80.4%	14,267		5,309	223	2,794	3,349	2,063	1,126
Region 8	25,289	73.0%	34,642		14,820	192	4,977	5,536	3,967	5,005
Statewide	65,762	76.3%	86,189		32,934	912	15,122	17,576	11,776	7,630

ESTIMATED TOTAL HOMELESS: 86,189

In 2008 the counting protocol was adjusted to separately for those in permanent supportive housing as a separate measure.

* Coverage was calculated by averaging the January 2009 coverage estimates weighted by population.

** Total homeless will be less than the sum of the homeless categories as some clients will present as both single and married or as children and adults within the year. The overall total is also less than the sum as some clients received services in more than one region.

***Families include only those with minor children. Families composed of adults only are counted as singles.

Due to the expansion of Permanent Supportive Housing (PSH) reporting to the HMIS, the methodology for counting the homeless was adjusted to separate the overall homeless number from those served in PSH. To allow for year-to-year comparisons with 2007, the 2007 counts also were now recalculated with the new formulas.*

In spite of Michigan's efforts to end homelessness, economic conditions resulted in a year-to-year increase in the number of homeless.

Original 2007 Count:	79,940
*2007 revised count:	78,266 (ongoing PSH excluded)
2007 to 2008 increase:	10.1%

Projected Homelessness

	CY 2007	CY 2008	Change	% Change
Region 1	2,378	3,292	914	38.5%
Region 2	4,699	5,219	520	11.1%
Region 3	12,294	11,528	(-766)	-6.2%
Region 4	3,245	4,243	998	30.8%
Region 5	3,604	4,181	577	16.0%
Region 6	10,446	9,865	(-581)	-5.6%
Region 7	13,397	14,267	870	6.5%
Region 8	29,520	34,642	5,123	17.4%
Statewide	78,266	86,189	7,923	10.1%

Total Changed in the Number of Persons by Region 2007 to 2008
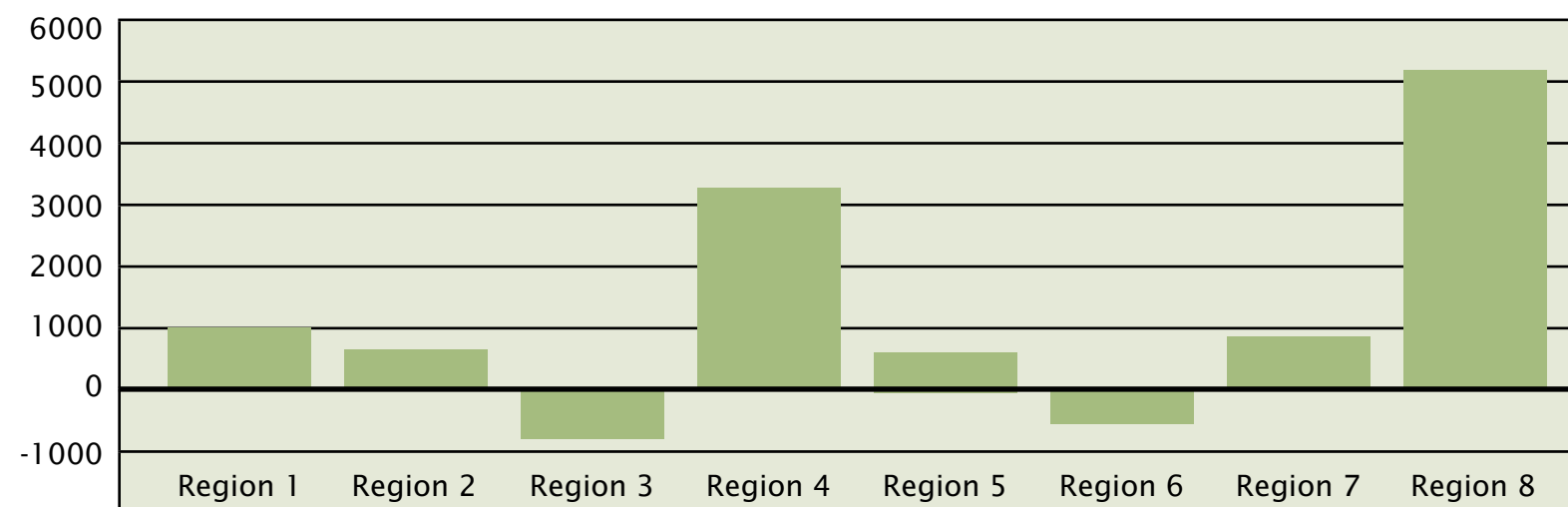
- 50% of actual homeless in Michigan are adults and children in families.

- 32,698 total homeless persons in families were counted on the HMIS (Not projected numbers)*

- 69% are single female head of household families

- 54% of homeless persons in families are children

- 30% of homeless families are working poor. This is a 4% decrease from 2007 reflecting the worsening economy.

- 38% have incomes of less than $500/month

- $730 average monthly income for homeless families (A $10 decline from 2007)

- First time homeless increased 9 percentage points from 45% to 54% of the total homeless.

- 19% of adults reported a disability. Based on 6405 discharges from ongoing programs.

- 3% are veterans

- Average age of adults is 32.7 years old

- Average age of children is 7.6 years old

- Adults in families are largely females (76.9%) with young children.

- There is a 10.8% increase in family homelessness with the largest increases occurring in rural Michigan. While regions 3 and 6 evidenced an overall decline in homelessness, family homelessness increased in both regions.

* Based on HMIS count projections, were not made for subpopulations.

Change in Family Homelessness 2007 to 2008 by Region

Region	Change	Percent Change
Region 1	358	38.6%
Region 2	376	26.6%
Region 3	698	15.6%
Region 4	318	21.5%
Region 5	135	9.9%
Region 6	650	15.8%
Region 7	272	4.6%
Region 8	408	4.0%
Statewide	3,199	10.8%

"Homelessness and poverty are inextricably linked where families are one illness, accident, lost job or paycheck away from living on the streets. The rising cost of housing accompanied by declining wages creates conditions that put families at risk of losing their housing, and make it even more difficult for them to find housing once they become homeless."

Ellen Kisinger-Rothi,
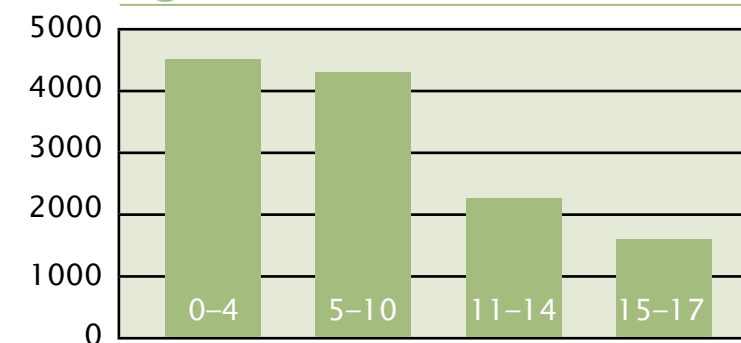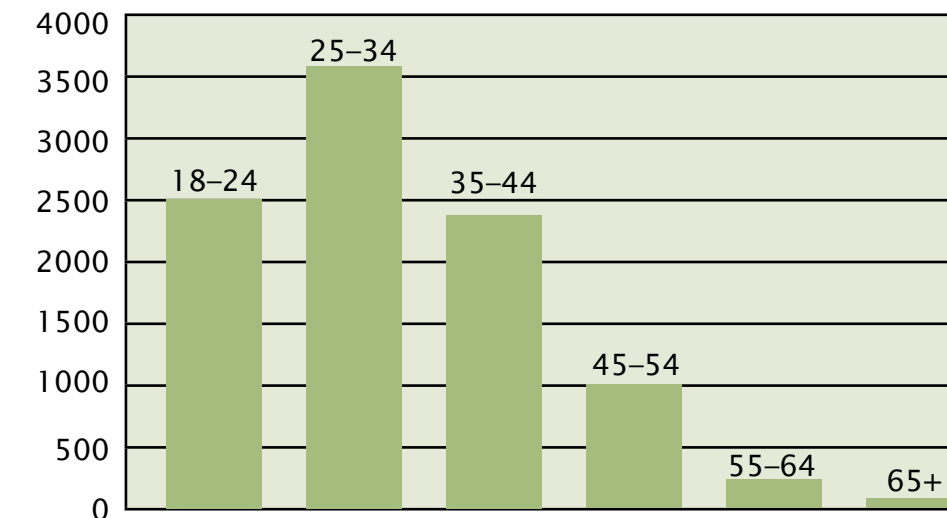*Executive Director, HRI, Kalamazoo*
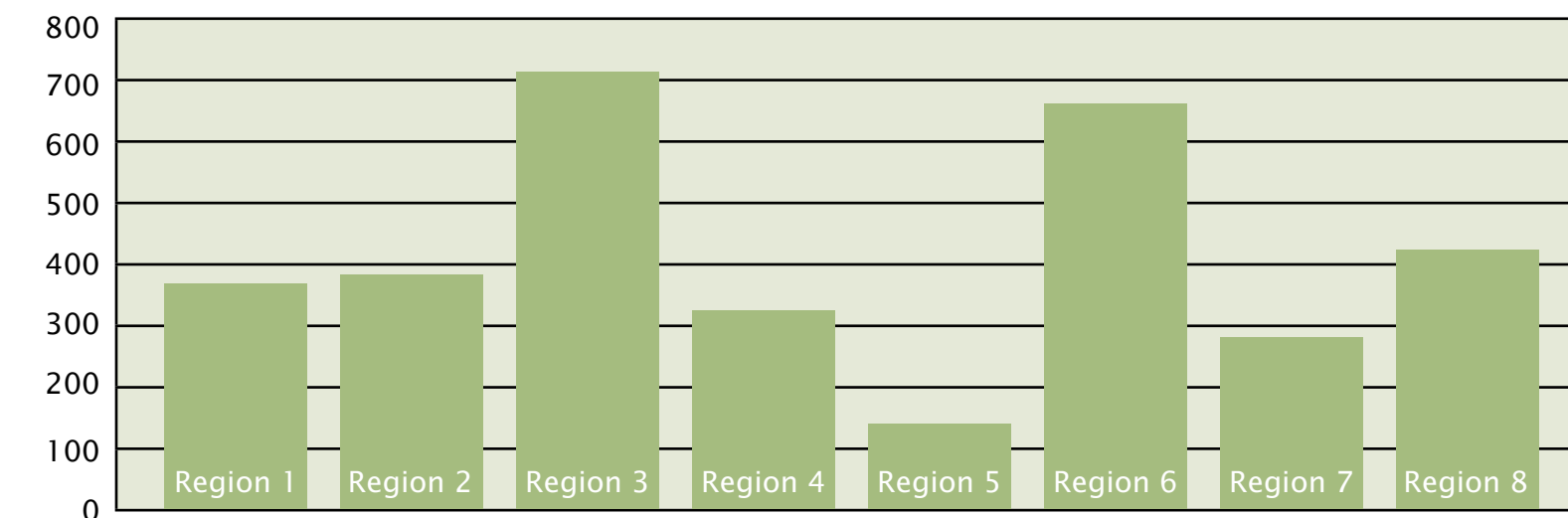
"Homeless families are frequently composed of young single moms with young children. Many lack both education and work history; and homelessness destroys any illusions of security. Many lose hope in the future as they transition from one low-income job to the next. Without significant investment, most of these families will move frequently and experience another round of educational failure, this time for their children."

Barbara Ritter,
Director, Michigan State Homeless
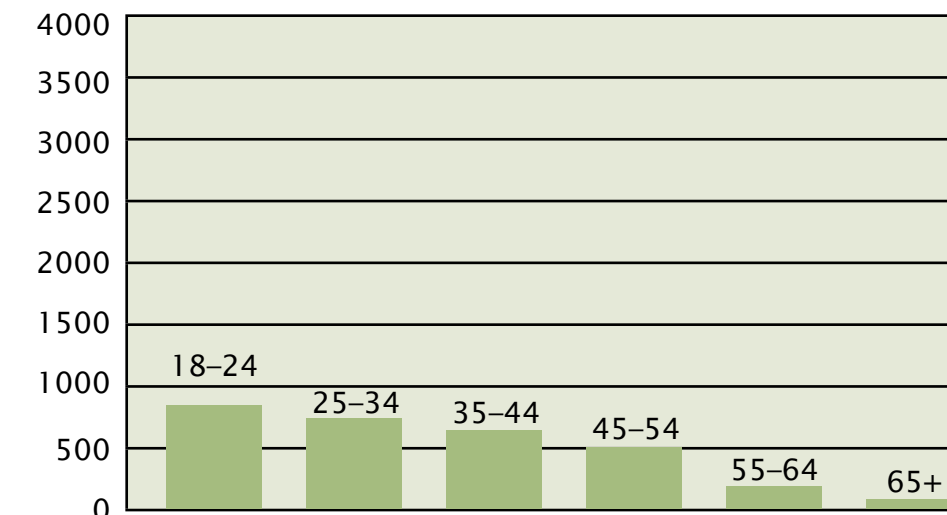*Management Information System*

Age of Children in Families

5000			
4000			
3000			
2000			
1000			
0	0–4	5–10	11–14	15–17

Age of Females—Adults in Families

4000
3500
3000
2500
2000
1500
1000
500
0

18–24 25–34 35–44 45–54 55–64 65+

Age of Males—Adults in Families

4000
3500
3000
2500
2000
1500
1000
500
0

18–24 25–34 35–44 45–54 55–64 65+

Among Those with Specific Disabilities

Overall Adults

Chronic Illness/Physical 35%

Mental Illness 47%

Drug/Alcohol Abuse 17%

Dual (Mental Illness and Substance Abuse) 11%

Physical/Mobility 11%

Each adult lists the top two reasons. Income/Employment responses were highly relate to housing issues as many housing issues related to income issues.

Reasons for Homelessness

Housing Issues 79%

Employment/Income 44%
(7% increase over 2007)

Conflict 21%

Chronic Illness/Disability 20%
(2% increase over 2007)

Other 8%

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Region	Change	Percent Change
Region 1	83	12%
Region 2	205	17%
Region 3	(-504)	(-10%)
Region 4	15	1%
Region 5	443	31%
Region 6	(-500)	(-14%)
Region 7	1,209	29%
Region 8	1,768	14%
Statewide	2,733	9%

"Individuals are often the most disconnected and disenfranchised persons among the homeless population—not only from natural supports such as family and friends, but also public health and welfare service systems. Many struggle with psychiatric and substance abuse disorders, exacerbating their isolation and prolonged homelessness. They find it very difficult to navigate and access housing and services."

*Dave Allen,
Coordinator, HRC/PATH, Detroit*

Change in Homeless Singles by Region 2007 to 2008

- 32,934 are adult homeless singles*
- 912 are unaccompanied youth
- 72% are men primarily over 35 years of age
- The average age of adult singles is 42.1 years old
- 66% are men singles and are largely older
- 35% are women
- Overall there was a 9% increase in homeless singles. Unlike families these increases are largely in urban communities.

- 52% have no income at intake
- 72% have incomes of less than $500 per month
- 18% of homeless singles are working poor
- 27% receive SSI at discharge (with detailed income information)
- 37% were homeless for the first time in 2008
- 63% have experienced homelessness more than once
- 67% of adults reported a disability.
- 11% are veterans
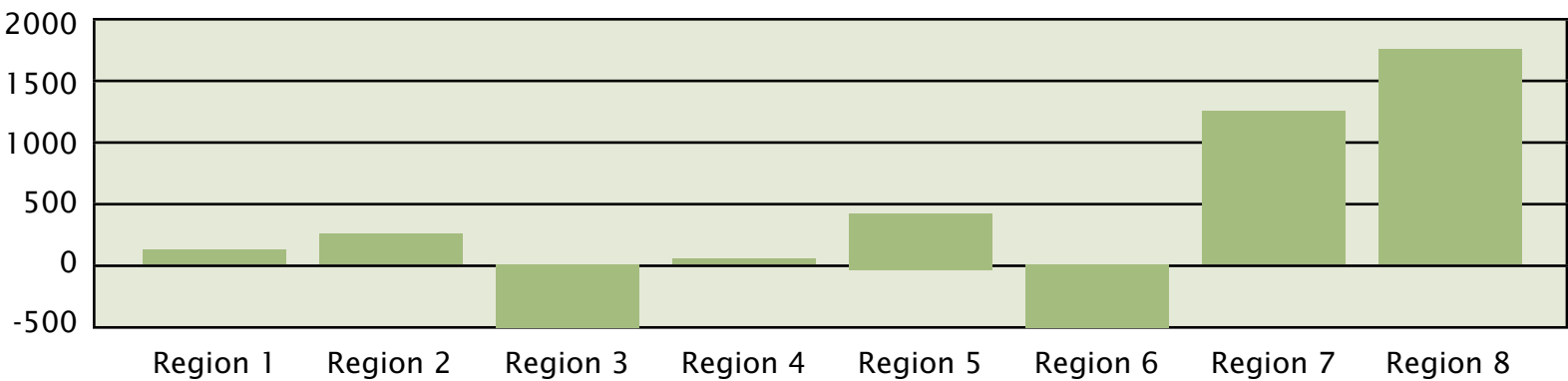
Large decreases in single homelessness were noted in Regions 3 and 6, leading to an overall decrease in homelessness in these communities.
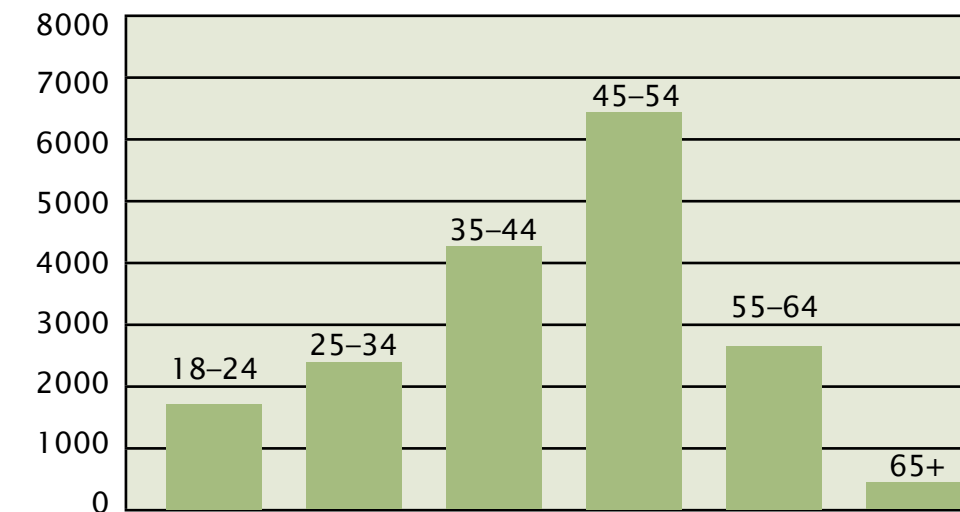
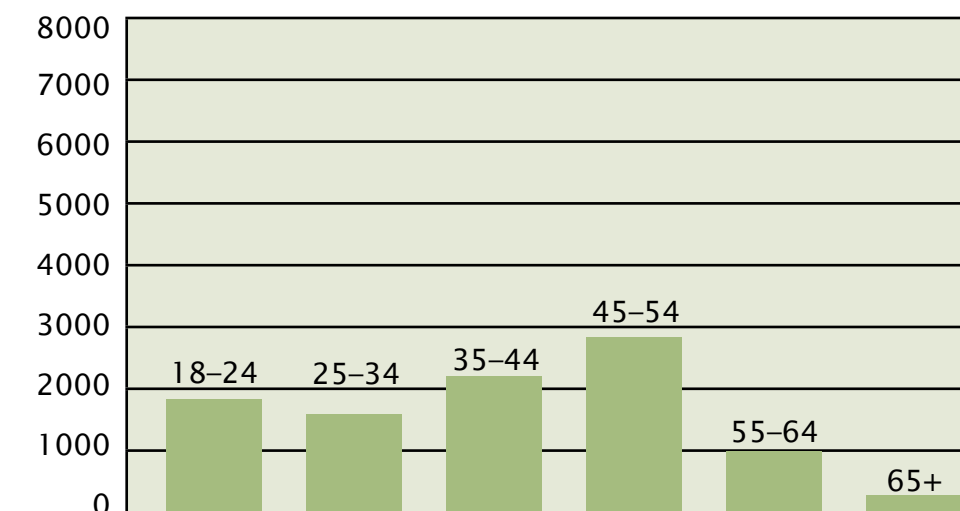* Based on HMIS count projections, were not made for subpopulations.

Age of Males—Single Adults

Bar chart showing age distribution of single adult males:
- 18–24: ~1700
- 25–34: ~2400
- 35–44: ~4200
- 45–54: ~6400
- 55–64: ~2600
- 65+: ~400

Age of Females—Single Adults

Bar chart showing age distribution of single adult females:
- 18–24: ~1800
- 25–34: ~1600
- 35–44: ~2200
- 45–54: ~2900
- 55–64: ~1000
- 65+: ~200

Disability is a Significant Driver of Homelessness Among Singles

Among those with identified disabilities in 2008, 67% of singles were presented with at least one disability.

Overall Adults

Mental Illness 56%

Drug/Alcohol Abuse 45%

Chronic Illness/Physical 26%

Dual (Mental Illness and Substance Abuse) 21%

Physical/Mobility 10%

Each client is asked to identify the two primary reasons for becoming homeless at intake.

Reasons for Homelessness

Chronic Illness/Disability 67%

Housing Issues 56%

Employment/Income 41%

Other 20%

Conflict 9%

Among Those with Identified Disabilities

Overall Adults

Mental Illness 53%

Drug/Alcohol Abuse 52%

Chronic Illness/Physical 26%

Dual (Mental Illness and Substance Abuse) 25%

Physical/Mobility 9%

- 7,630 were served during calendar year 2007
- 80% are age 35 or older
- 71% are men
- 12% are veterans
- 100% have a long history of being homeless
- 100% have a disability of long duration

Total Clients—Males
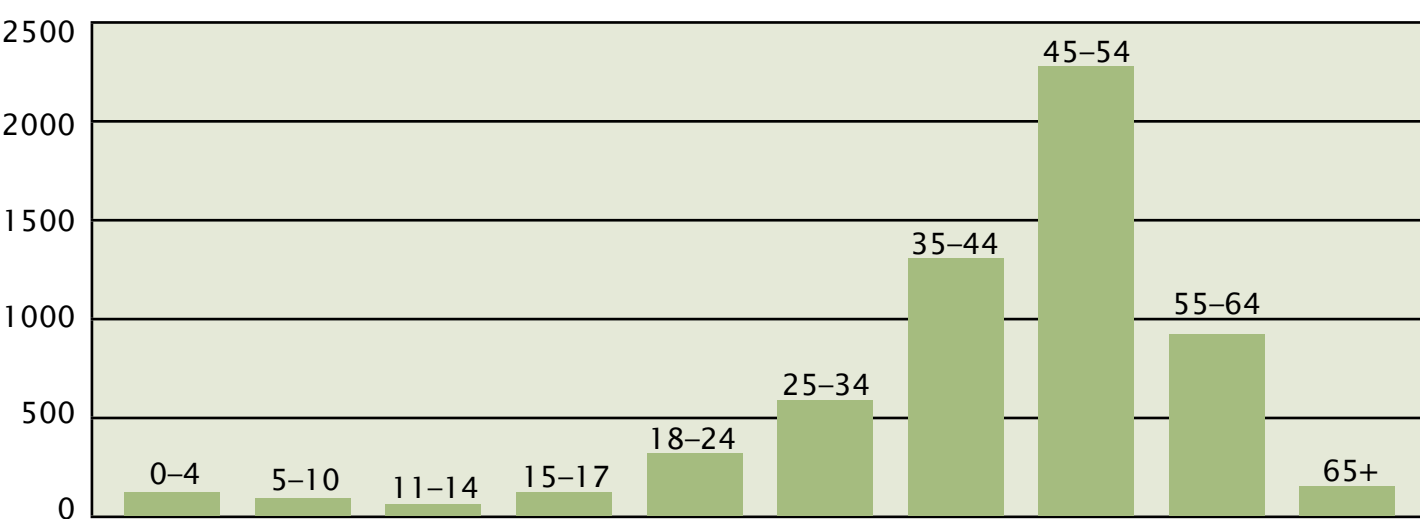
Total Clients—Females
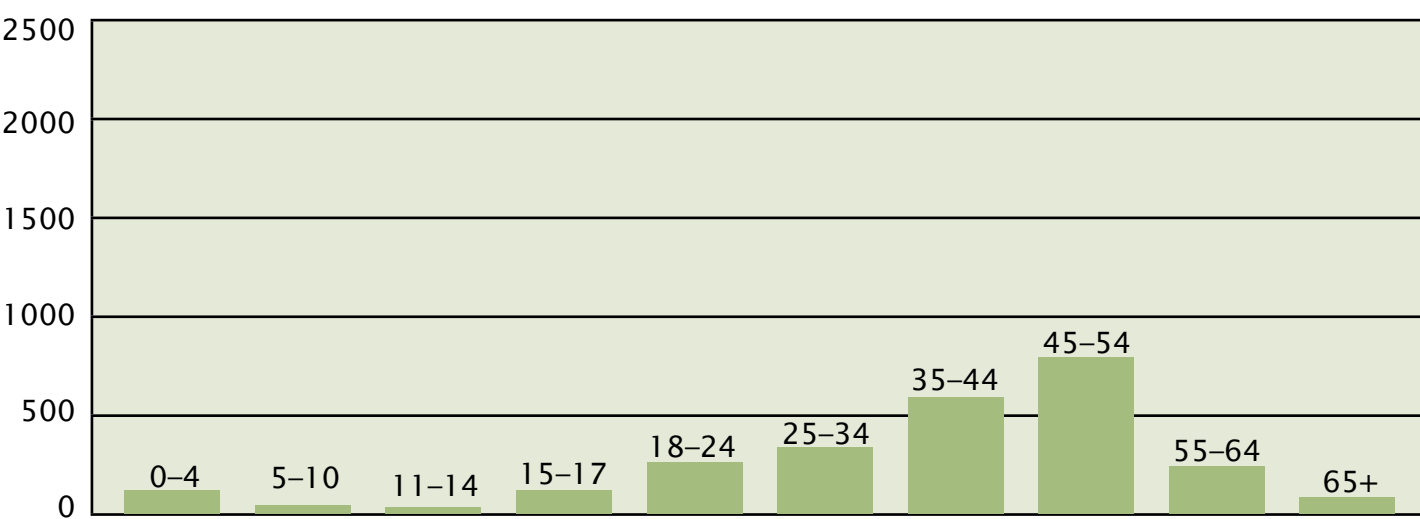
"These individuals— mothers, uncles, brothers and daughters—who are identified as chronically homeless, all have a story to tell. They share the most keen survival skills—yet they struggle endlessly to belong to their families and to their communities."

Stacey Vandenberg, Deputy Director, West Michigan Therapy/ Transitional Living Center, Muskegon Heights

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Client Characteristic	Families	Singles	Chronics	Overall Homeless	Urban	Rural	At Risk
Single female head of household	69%	NA	NA	NA	75%	55%	47%
Two-parent household	14%	NA	NA	NA	11%	23%	35%
Employed at intake	30%	18%	13%	22%	15%	37%	26%
Average income	$730.47	$251.73	$247.90	$385.08	$324.87	$417.96	$785.66
Monthly income of less than $500	38%	72%	74%	63%	68%	60%	40%
Presence of a disability of long duration	19%	67%	100%	49%	58%	31%	26%
First time homeless	54%	37%	0%	42%	42%	53%	NA
One or two times homeless in the past	37%	33%	0%	35%	32%	37%	NA
Homeless multiple times and/or long duration	10%	29%	100%	22%	26%	11%	NA
GED or high school diploma (no college)	38%	43%	42%	41%	40%	43%	40%
At least some college or technical school	27%	24%	21%	25%	25%	21%	9%
Self-reported veterans	3%	11%	12%	8%	9%	7%	7%

	Urban	Rural
Female	44%	54%
Age 18–24	12%	34%
Age 45–54	32%	15%
Two-parent household	11%	23%
Female single head of household	75%	55%
Part of a family	30%	39%
Chronic homeless	14%	3%
First time homeless	42%	53%
Increase in family homelessness	4%	39%
Increase in single homelessness	14%	12%
In rural communities, family homelessness increased. In Region 1 (our comparison area) family homelessness increased by 39%.	4%	39%
In urban communities, the rise was largely in the singles population. Singles increased by 14%, while families increased by only 4%.	14%	12%

Rural Summary

Homeless persons living in rural communities face different challenges than their urban counterparts. For example, in rural environments, transportation and proximity to critical services is often very limited. In addition, there are fewer shelters in rural areas. Therefore, people experiencing homelessness are less likely to live on the street or in a shelter and more likely to live in a car or camper, or with relatives or friends in overcrowded or substandard housing. Oftentimes with overcrowding comes stress and fractured relationships.

The distance to services often makes counting the homeless difficult in rural areas. Advocates often partner with park personnel, police, and churches to find those who need help.

To assess rural trends the data is sorted by eight geographic regions. The starkest comparisons between rural and urban homeless populations in Michigan is between Region 1, which represents the Upper Peninsula, and Region 8, which encompasses the densely populated southeast section of the Lower Peninsula, including Detroit. When the data from these regions is compared, the disparity is obvious. For example 23 percent of the homeless persons in Region 1 (Michigan's most rural region) are part of a family, compared to 11 percent of the homeless population in Region 8, (Michigan's most urban region). Even more interesting this year is the contrast in the presentation of homeless families for services. Region 1 evidenced a 39 percent increase in homeless families while in the Detroit area that number was only 4 percent.
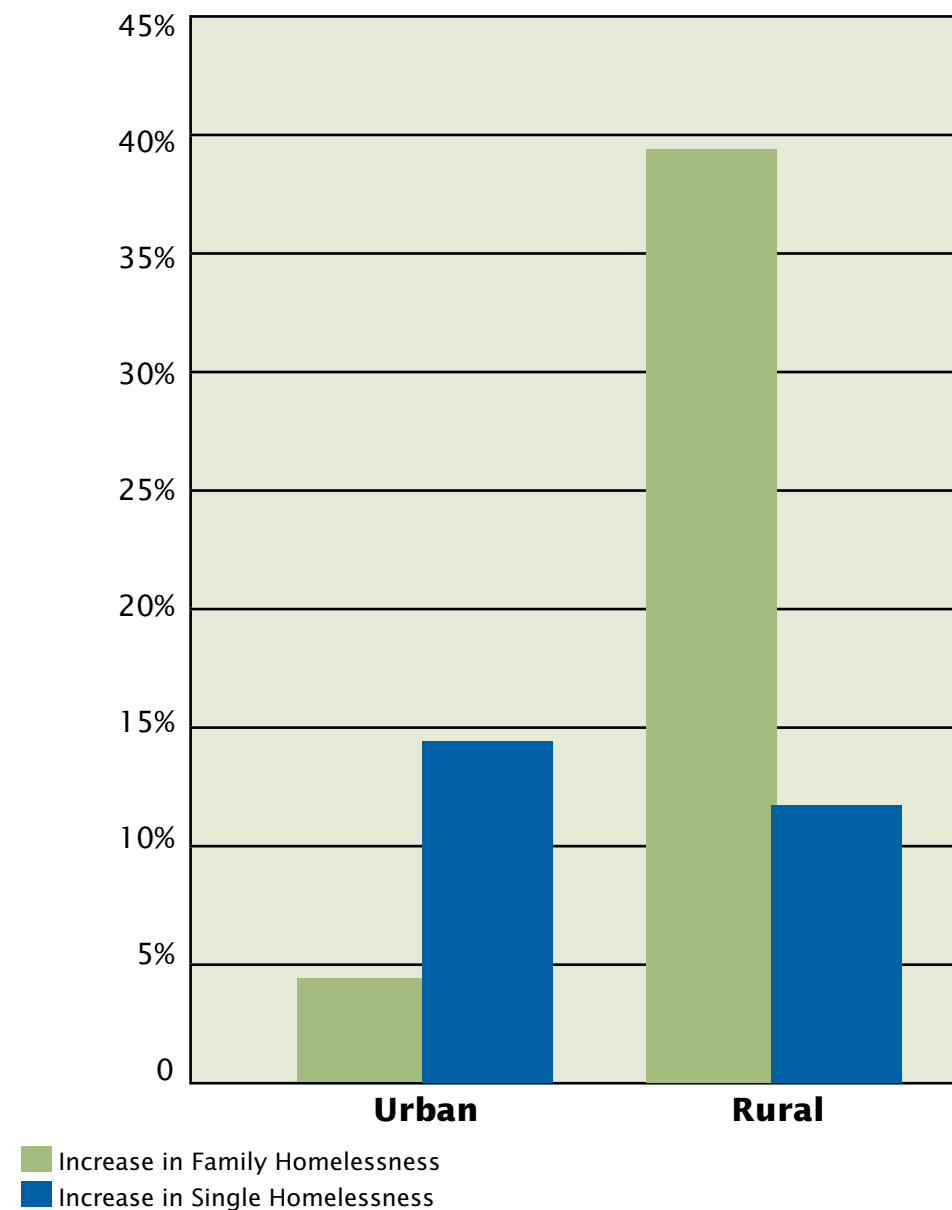
While the goal is to end homelessness across the state, reaching the goal involves the use of different tactics. HMIS data will better empower the CoCs, state government and our partnering agencies.

"The face of homelessness in our rural communities...is not people living under bridges or visible on the street—they are children and families living in their cars, at campgrounds, or sleeping from couch to couch at the home of a friend or relative."
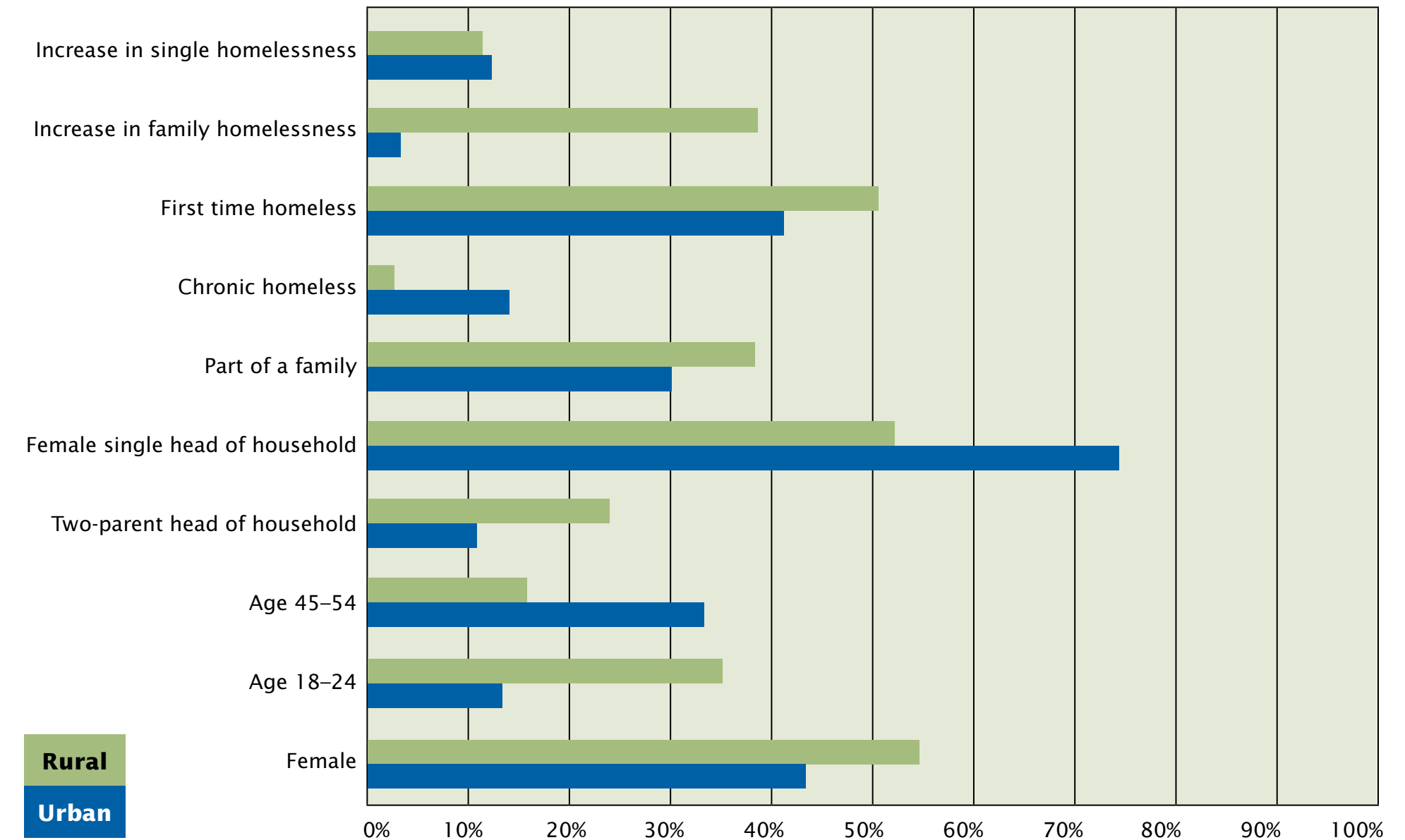
*Stephanie Kasprzak,
Executive Director,
Monroe County Opportunity Program*

Urban and Rural Comparison of 2007 to 2008 Change

Legend (left chart):
- Increase in Family Homelessness
- Increase in Single Homelessness

Right chart categories:
- Increase in single homelessness
- Increase in family homelessness
- First time homeless
- Chronic homeless
- Part of a family
- Female single head of household
- Two-parent head of household
- Age 45–54
- Age 18–24
- Female

Legend: Rural / Urban

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Outcome Data

As households are prevented from becoming homeless or are rapidly re-housed once they are homeless, data is critical to evaluate the quality of care and services necessary to improve the odds that these episodes do not happen again. The charts featured in this section provide a detailed perspective of the rate at which homeless families and individuals are housed following their exit from emergency services as well as related measures such as employment and retention in housing.

These charts represent the programs in Michigan that serve the homeless and include a diverse mix of both program types and funding sources. When interpreting the data, it is important to note that local and regional patterns differ across the state and variations reflect not only program performance, but also the numbers served, the availability of resources locally, and even the mix of characteristics of the clients served.

More detailed data for regional and Continuum of Care performance is available on our Web site at **thecampaigntoend homelessness.org** or by using the HMIS Reporting Tool—ART, available to all HMIS participants.

Percent in Housing Greater Than 6 months

- 4,675 homeless persons were placed into supportive housing during the year.

- Statewide 64.4% of those in supportive housing were in residence more than 6 months exceeding the national objective of 60%

- National/HUD goal 60%

■ Calendar year 2008

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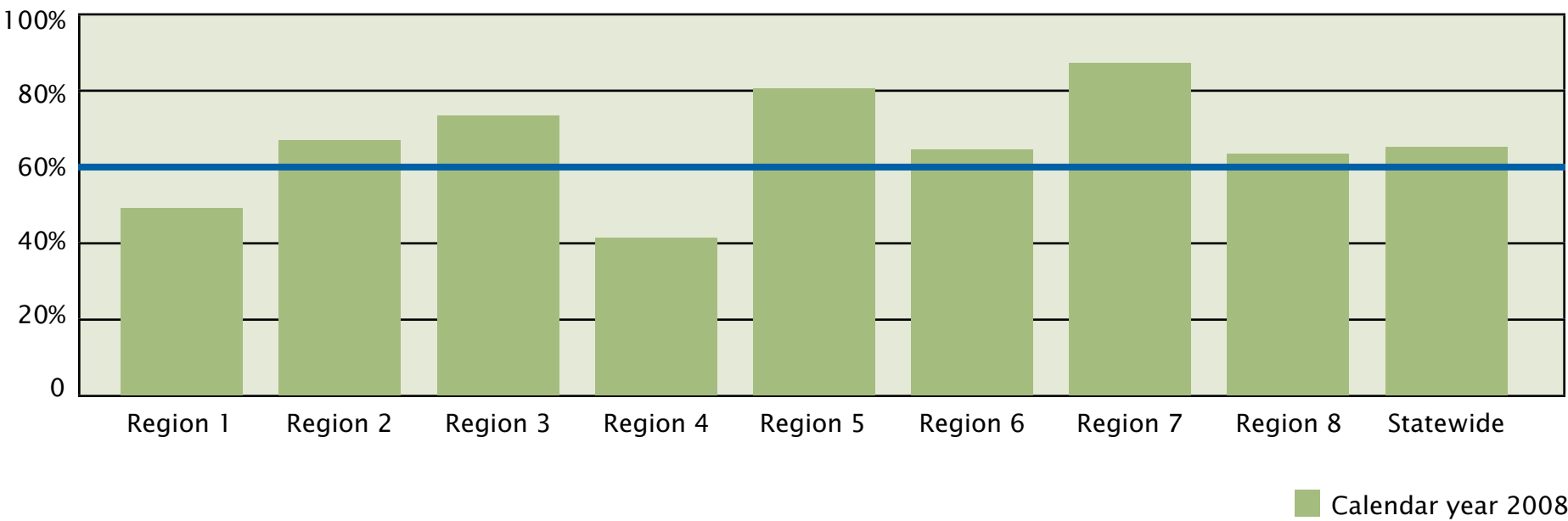
Region	Emergency Shelter	Transitional Housing
Region 1	27.2%	46.2%
Region 2	39.3%	41.7%
Region 3	24.1%	32.5%
Region 4	25.2%	12.9%
Region 5	13.9%	18.3%
Region 6	26.6%	50.0%
Region 7	21.7%	35.3%
Region 8	21.3%	29.0%
Statewide	23.2%	31.3%

Employment Rate at Exit

- 31% of those in transitional housing and 23% of those in emergency shelter are employed at exit.

- National/HUD goal 18%
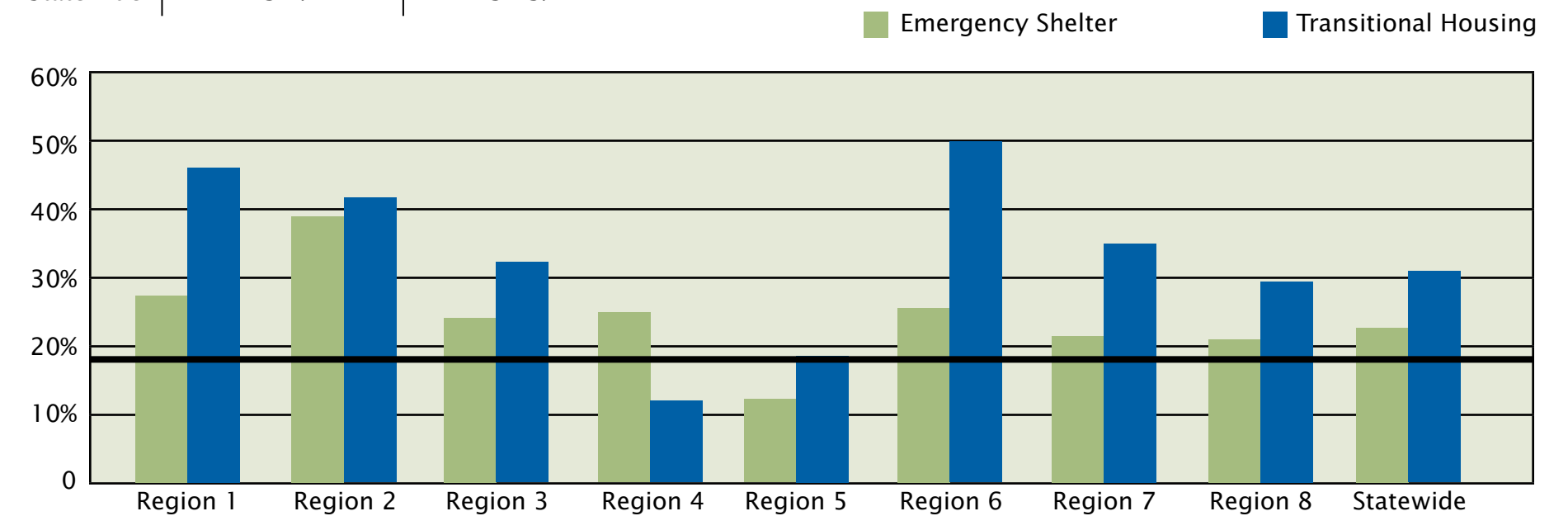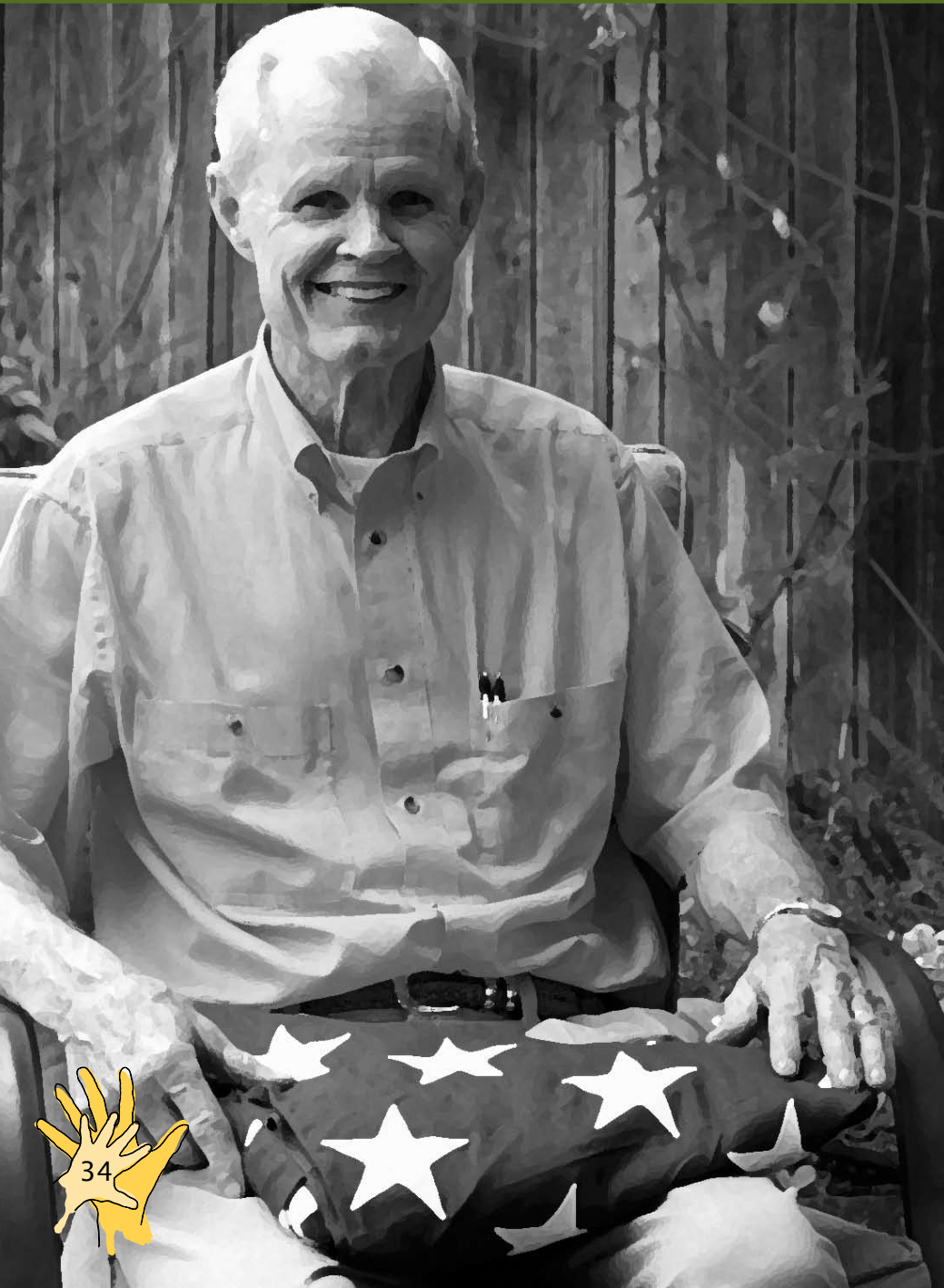
Percent Exiting to a
Positive Housing Destination

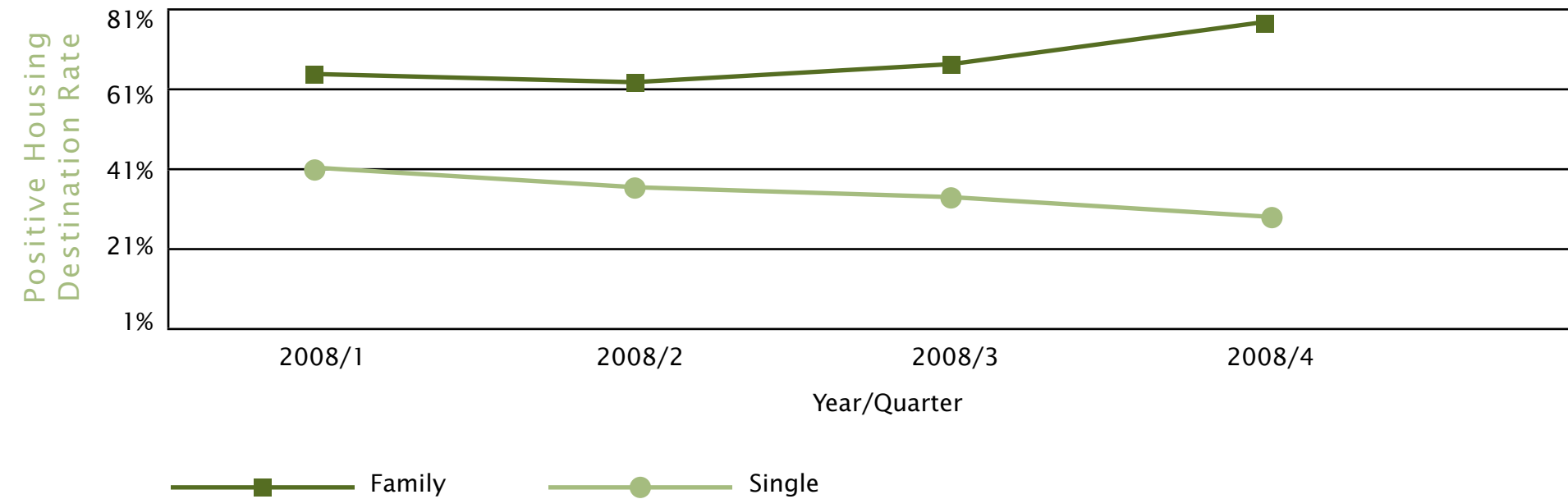| Region	Emergency Shelter	Transitional Housing
Region 1	58.2%	87.7%
Region 2	61.6%	100%
Region 3	64.9%	76.9%
Region 4	47.5%	80.0%
Region 5	67.6%	80.6%
Region 6	61.0%	83.4%
Region 7	35.9%	80.6%
Region 8	23.6%	77.8%
Statewide	35.5%	79.3%

- Across all homeless programs, 45% of clients exited into a positive housing destination (housing that is likely to be stable based on caseworker judgement).

- During 2008, 79% of those served in transitional housing and 36% of those in emergency shelter exited into a positive housing destination.

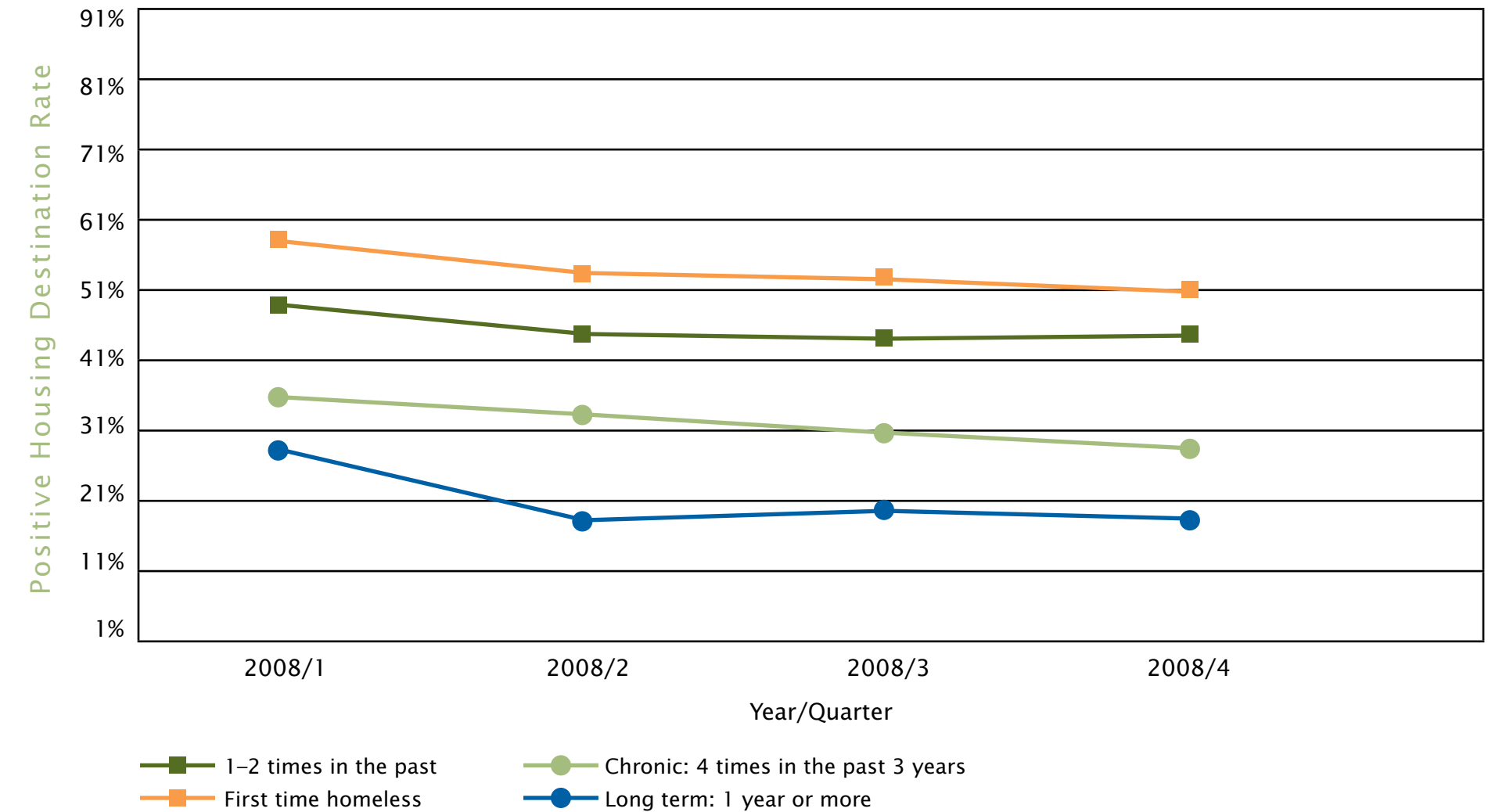- Statewide emergency shelter average is 35.5%, statewide transitional housing average is 79.3%

Emergency Shelter   Transitional Housing
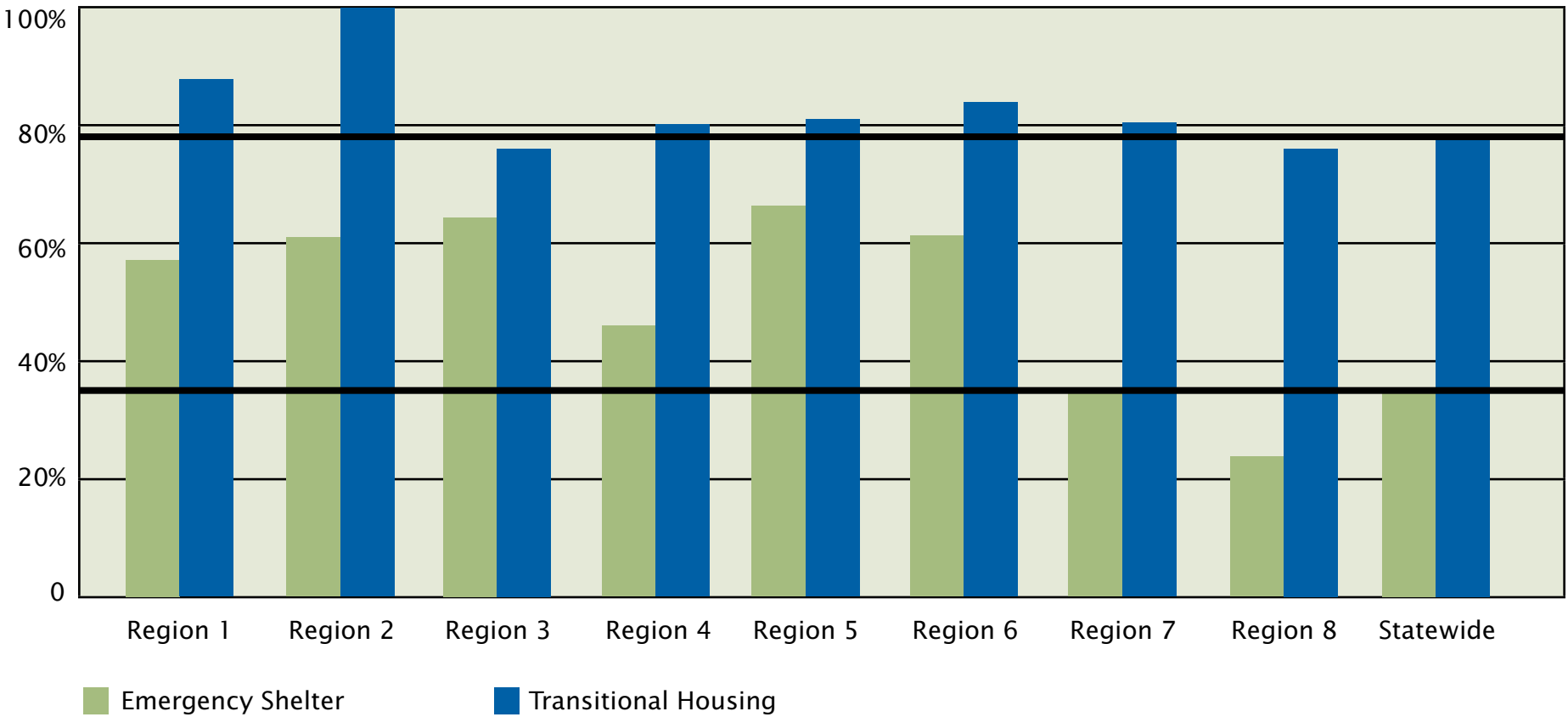
Performance Rate Families/Singles

• The housing rate for families improved throughout the year, averaging 69% while housing for singles declined averaging just 34%.

• The likelihood of exiting into housing decreased with the number of homeless episodes.

Positive Housing Destination Rate / Year/Quarter

■ Family   ● Single

Positive Housing Destination Rate / Year/Quarter

■ 1–2 times in the past   ● Chronic: 4 times in the past 3 years
■ First time homeless   ● Long term: 1 year or more

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The projection of total homeless persons for calendar year 2008 were calculated by multiplying the actual HMIS count by the weighted average of the January 2009 coverage estimates provided by each CoC. Coverage estimates are used to compensate for homeless populations not included in the HMIS count. For example, domestic violence providers are not allowed to report to the system and therefore the actual HMIS count cannot include data from these providers. For this report the statewide coverage rate was 76.3 percent, a modest increase from last year's 74.5 percent. Coverage improvements were noted in a number of CoCs as new agencies joined the implementation, however growth in the system has gradually slowed as the number of nonparticipating agencies who may potentially join has declined. When estimating coverage, CoCs take the following populations into account. Beyond the basic counts, their information is not reflected in the trends.

- Domestic violence programs are precluded from participation resulting in substantial gaps, especially in rural areas where they are often the only shelter.

- While improving, the total number of children in the database is probably underestimated due to reduced entry by some providers for large families.

- The collection of data from street outreach is incomplete and therefore the count of single persons, especially those who are staying on the street, may be low. We did not include Point In Time information from the HMIS in this analysis as it would impact coverage estimates in an unpredictable way.

- Veterans are also under-represented as the federal VA programs are not participating in Michigan and it is common for veterans to not report their veteran status to other types of providers.

- Disability data is based on a subset of persons where disability has been assessed during the course of the care at discharge. It does not include information from programs that provide brief services.

- Performance data is based solely on those programs that provide services over time and complete a discharge from services.

- 524 agencies statewide are involved in this counting effort. The questions that agencies complete are primarily based on the length of the service. Very brief services collect very limited information. Therefore, percentiles are based only on those clients where the information was collected (a subset of the total statewide for some questions).

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Change that Makes a Difference

The funding from the American Recovery and Reinvestment Act (ARRA) of 2009 is coming at an especially opportune time for all of us working on the Campaign to End Homelessness in Michigan. It encourages agencies across the nation to move away from sheltering—stating that this money 'is a once-in-a-generation opportunity to shift from the traditional system of sheltering to one of prevention and the rapid re-housing of the homeless population.' With the Campaign's programs and partners in place, Michigan's structure is solid and we are prepared to take on the challenge that ARRA has tasked us with to transform our age-old sheltering systems.

Since the Campaign began in 2006, its structure has forced us to look at limited resources and how to best use them. We have done our homework and understand that systems transformation is a must. We know that it is much less expensive and traumatizing to households to avoid homelessness or to rapidly re-house individuals or families if homelessness occurs. Since Michigan's economic climate declined prior to the rest of the nation, we realized early on that a systems change was required to meet our goal of ending homelessness.

As Michigan prepares for the 4th Annual Summit on Ending Homelessness, our theme 'Change that Makes a Difference' is right on target. Like the 2008 Summit, the 2009 Summit will consist of presentations from Michigan providers who want to highlight their new best practices.

We began our Campaign with a pledge developed under the belief that housing should be a right. No man, woman or child should be forced to sleep on the streets, in the woods or on a cot in a shelter on any night in any town in Michigan. Even in these troubled times, our pledge remains realistic and absolutely critical to our state and our citizens who are affected by homelessness every day.

Together we can implement the changes that will make a difference.

Michigan's Response

Although many communities are working to end homelessness, Michigan is the only state that is addressing it on a statewide basis. The Campaign to End Homelessness in Michigan has won national awards, such as the Home for Every American Award, offered by the U.S. Interagency Council on Ending Homelessness and the Public Sector Award, given by the National Alliance to End Homelessness. These awards are based on the fact that every community in Michigan has its own Ten Year Plan to End Homelessness and the State of Michigan has as an over arching Ten Year Plan covering the entire state. The state of Michigan's plan has over 40 initiatives to assist communities in helping to end homelessness.

Partnering state agency staff, nonprofit providers, the Corporation for Supportive Housing and the Michigan Coalition Against Homelessness dedicate their efforts on a daily basis

40
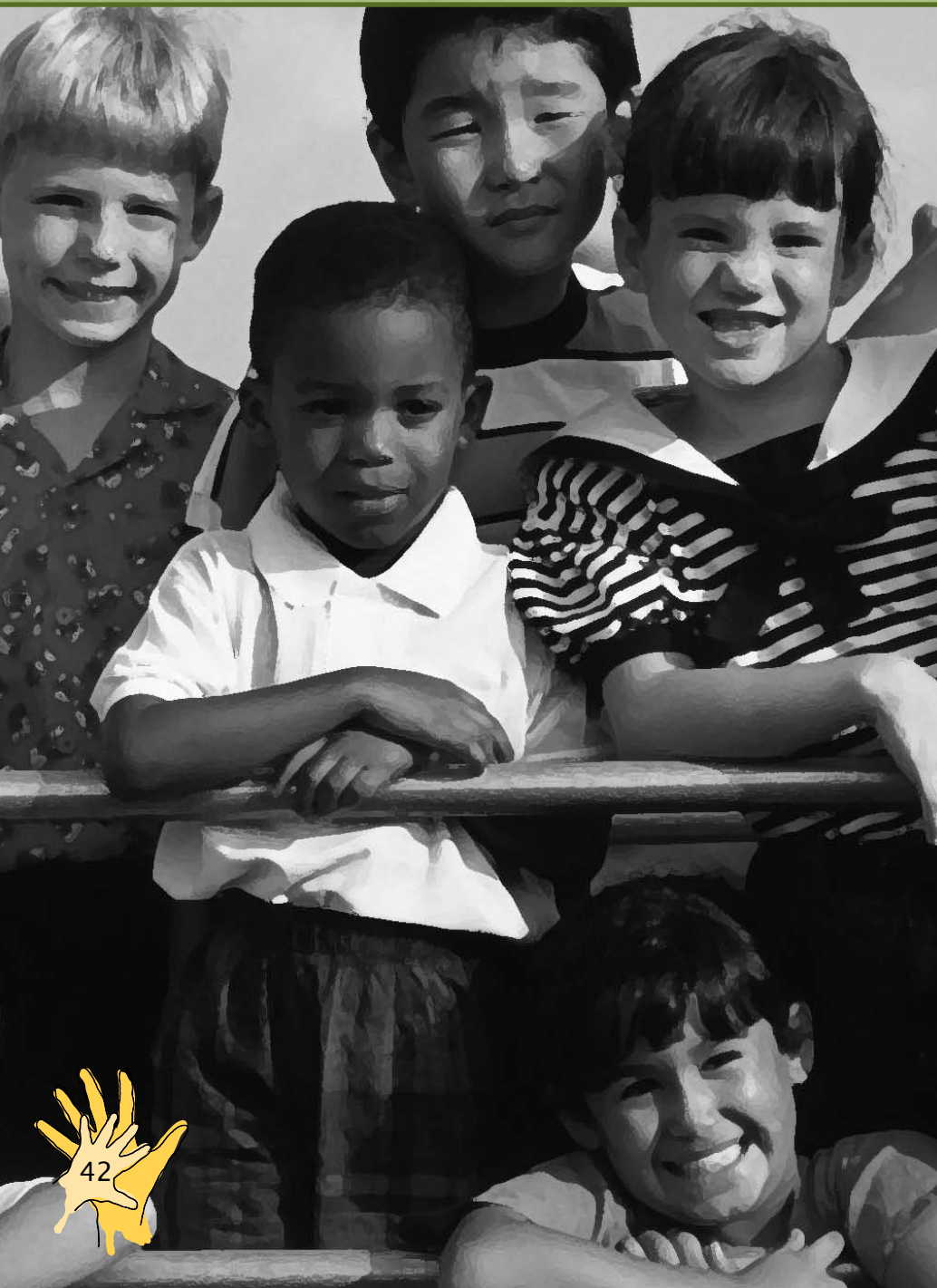
to end homelessness. They act as leaders and champions, employing the programs and tools made available by federal, state, and local government, faith-based organizations and other philanthropic sources.

To further assist those at risk of or who are currently homeless, Michigan has established 13 Housing Resource Centers. These centers are open daily and provide a one-stop shop for the homeless. The centers provide a variety of support services including the availability of state agency personnel, case management services, computers, showers, and washers and dryers.

Project Homeless Connect events across the state are another way that the Campaign reaches out to help end homelessness. These one-day events provide those in need with a hot meal, assistance in applying for public assistance and other entitlement benefits, free medical and dental services, hair cuts, and assist with many other services—all under one roof. The space used for the event is donated, often by a local school or arena. Not only do these creative events help people in need, they heighten the publics' awareness of homelessness by attracting media attention and subsequent coverage.

Viewers logging onto the Campaign Web site can view the events that are occurring across the state. Using the regional approach, viewers can toggle from county to county, viewing each of the plans and the work being done. The Web site offers critical information regarding homeless counts and should be used as a tool to challenge community leaders into action.

For the Media

We need your support. Our efforts cannot realize their full potential without compassionate media champions like you! We are on the brink of incredible change. The statewide Campaign to End Homelessness continues to attract national attention for its ambitious approach to solving this costly social problem.

You have the ability to change the public's perception. To help the public understand that homelessness is no longer about the stereotypical homeless man living in a cardboard box. It is about the need for more employment, higher wages, the lack of affordable health care, medical crises, mental illness, addictions, deficiencies in education and the need for affordable housing. Homelessness is everywhere in Michigan, from urban centers to the wilderness of Michigan's Upper Peninsula.

Please let the public know that the Campaign needs volunteers. The Campaign currently has AmeriCorps members working with agencies across the state to help end homelessness. AmeriCorps members are networking to put volunteer team's in place, teams that will remain long after the member has left. They are teams that set-up households with cooking utensils, bedding and linens or that help homeless individuals or families become connected with their local communities.

The Campaign needs businesses and faith-based organizations to volunteer, too. Often businesses and faith-based organizations are able to donate needed items or assist with setting-up units. There are many roles and ways to get involved, and there are many compassionate, kind-hearted citizens who would like to make a difference if they were aware and were asked.

For more information about the Campaign or how to get involved, visit **thecampaigntoendhomelessness.org**.

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